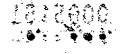
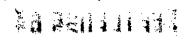
				SION OF HEALTH - STANDARD CERTIFICATE OF DEATH 005151	
DO NOT WRITE		NDED		Registration District No: 032 Primary Registration District No. 4043 Registrar's No. 19	
VS 300	1_ 1_ 1		EF	7. PLACE OF DE 2015 1. PLACE	ence before (mission)
Rev. 4/59	AMENDED		-	OP	side Limits
1	JWE		1_	TOWN MARBLE HILL LIFE TOWN MARBLE HILL YES	□ No X
20090	DATE /			HOSPITAL OR ADDRESS ADDRESS	ide on Farm
3	/		-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH FCA. 17	Year /9/ \$/
4 /				5. SEX 6. COLOR OR BACE 7. Married Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF U	UNDER 24 HR
5 /			1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT	
7 //	FOLLOWS		<u> </u>	during most of working life, even if retired) None GLEN ALLEN 14. NAME OF HUSBAND OR WIFE	
$-\frac{1}{8}$	호		_	Henry Ossia Rose Lutes Jacob Hahs	
921.0x	H AS			Yes, no, or ucknown) (If yes, give war or dates of see	Me
10	AK	Į į		18. CAUSE OF DEATH (Enter only one cause per line for (4), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET A	AL BETWEEN AND DEATH
11	D OF	IMI		IMMEDIATE CAUSE (a)	
12 7/1-1	품 [잗			Conditions, if any, which gave rise to DUE TO (b) (ormany articly descare	
13 /-0		+-		above cause (a), stating the underlying cause last. DUE TO (c) Stabeter Wellitees	
			NOF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy in	female wa: last 90 days
			FICA	Yes ☐ No	Unknow
	AMENDMEN		L CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? Company of the performed of the performance of th	m 18.)
y N N			WEDICA	20c. TIME OF Hour Month, Day, Year INJURY a.m. P.m.	
BLACK INK OR RITER RIBBON			2	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	STATE
A S E	READ			21. I attended the deceased from Teb. 63, to Teb. 64 and last sa her alive on Teb.	69
				geath occurred at	stated.
USE BLACK OR TYPEWRITER	SHOULD	0		22a SIGNATURE (Degree of Title) 22b. ADDRESS 22c.1	DATE SIGNED
-		 }	2	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (S	State)
	A NO.	AFFIDA	1 7	SURIAL FEB 19 1964 BOLLINGER (a. MEM. LUTESVILLE MO 4. FUNERAL DIRECTOR 25. PATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	ITEM	BY /		The abod Jutisville mo 2/20/64 Mrs Buford Cra	der
•			7	(Licensed Embalmer's statement on Reverse Side)	





eeb27.1964

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No			
working under	my personal s	upervision.		Q 14/1		
Student	Signature of	Student Embalmer	. Sigl	ed fea	all Milly	
	_				Licensed Embalmer No. 50 86	
-		i sa	•:	Part of the	P. O. Address Quillewill M.	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.